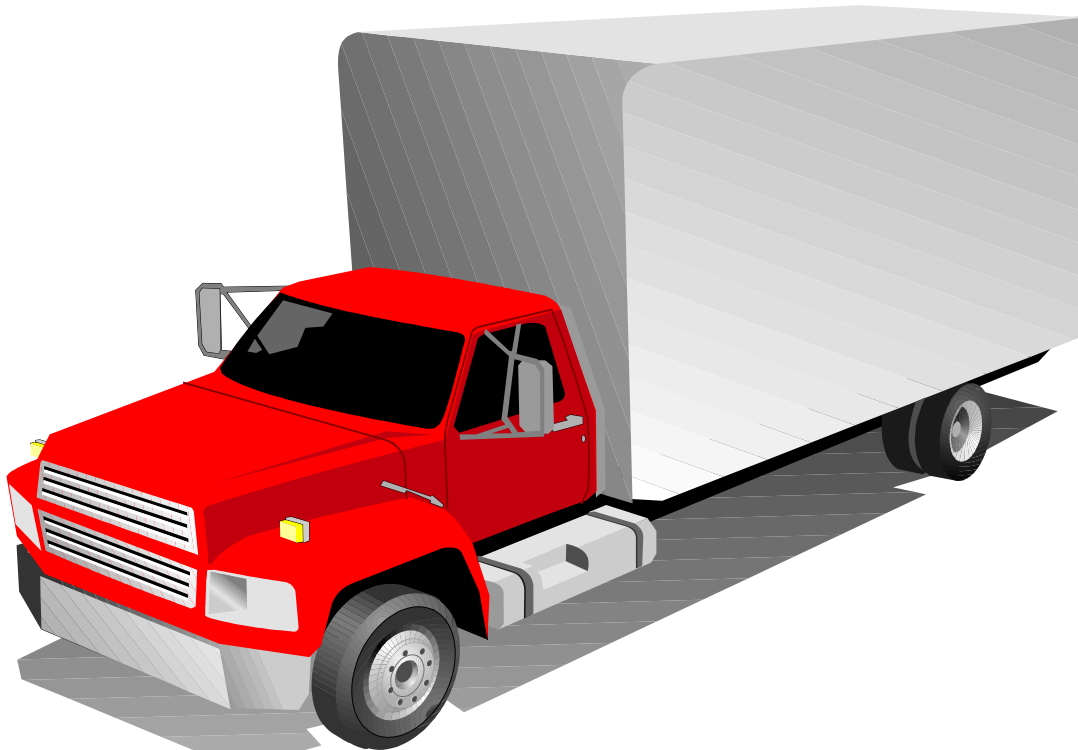


MONTANA SSRS MANUAL



***State of Montana
Department of
Transportation
Motor Carrier Services
Helena, Montana***

Revised August 2004

**THIS MANUAL HAS BEEN PREPARED TO GUIDE YOU
IN REGISTERING WITH:**

SINGLE STATE REGISTRATION (SSRS)

Read your manual carefully. The necessary information, instructions and forms have been included for your convenience in completing the applications or renewals for registration.

Should you have any questions about the SSRS please contact:

Montana Department of Transportation

Motor Carrier Services Division

P.O. Box 4639

Helena MT 59604-4639

Telephone: (406) 444-2998

FAX: (406) 444-0800 OR (406) 444-7670

TABLE OF CONTENTS

SINGLE STATE REGISTRATION SYSTEM (SSRS)	1
SINGLE STATE REGISTRATION – PROCEDURES	2
PROOF OF INSURANCE	3
REGISTRATION RECEIPTS	4
CHANGE OF NAME, ADDRESS AND/OR OWNERSHIP OF REGISTRANT	5
RS-1 FORM	6-7
RS-2 FORM	8-10
RS-3 FORM	11
SSRS DEFINITIONS	12
STATE AGENCIES	14
JURISDICTION COMMUNICATION LIST	15-17

SINGLE STATE REGISTRATION SYSTEM (SSRS)

Single State Registration renewals are mailed in August and are due no later than November 30 of the year preceding the registration year. All renewals will be handled on a first in first out basis. Faxed copies of original applications or renewals are **NOT** acceptable.

The application must be filled out **completely**. Any renewal or application missing information will be returned. An authorized company representative must sign the form.

The application must contain the full name of the applicant as it is listed on your FHWA certificate. If you wish to have this name changed you will need a re-entitlement from FHWA with the new name and/or address. All information on your application/renewal must be the same as your FHWA certificate.

An applicant must file a designation of process agent for each State of travel. Designations must be made using the form BOC-3. The carrier must update this information whenever a change has been made to the original application to ensure that current information is on file. The BOC-3 may only be canceled or changed with a new BOC-3.

PROOF OF INSURANCE MUST BE FILED WITH THE MOTOR CARRIER SERVICES DIVISION. Forms **BMC 91, BMC 91X or BMC 91MX** are the only proof of Insurance forms that will be accepted. Faxed copies of these forms will be accepted. The original must be mailed to MCS for your file.

**MOTOR CARRIER SERVICES
PO BOX 4639
HELENA MT 59604-4639**

The form RS-2 "Calculation of Fee Amounts Due Each State" is specific to your type of operation, state or province. The following forms are available:

- 1) Montana and British Columbia Property Carriers
- 2) Montana, British Columbia, Saskatchewan and Wyoming Regular Route Bus
- 3) Montana Charter Bus
- 4) Wyoming Property Carriers
- 5) Wyoming Charter Bus
- 6) Ontario, Quebec, and Saskatchewan Property Carrier
- 7) British Columbia and Saskatchewan Charter Bus
- 8) Alberta Regular Route Bus
- 9) Alberta Property Carrier
- 10) Alberta Charter Bus
- 11) Pennsylvania Property Carrier

Be sure to use the correct form. If you have a question please call the MCS office at (406) 444-2998.

Payment for SSRS must be sent with your new or renewal application. Payment may be by VISA, MASTER CARD, money order or check made payable to **Treasurer State of Montana**.

Additions to your SSRS may be accomplished by using the fax; however, payment must accompany your supplement. Payment may be by VISA, MASTER CARD or COMCHECK.

States not participating in SSRS are not on the RS-2; you must contact them for their requirements to travel in their state.

To contact the FHWA call (202) 358-7000 or (202)366-9805.

The registration year is a calendar year, January 1 through December 31, with no grace period.

Fees collected under SSRS will not be prorated for partial year operations.

Please Note: Only one copy of the Receipt (RS-3) will be sent to you. You are responsible for making enough copies to carry one in each of your power units. You must carry a copy with you at all times. We recommend that you keep the original on file and carry photocopies in your truck.

SINGLE STATE REGISTRATION SYSTEM – Procedures

REGISTRATION PROCESS – Application Form (RS-1)

INSTRUCTIONS: For filling out the RS-1

1) Motor Carrier Identification Numbers

- A) This is the number the FHWA gives you on your Registration. (202-358-7000) or On-line at: <http://diy.dot.gov/> (You need to get your USDOT number first.)
- B) This is your Federal Department of Transportation number. (406-449-5304) or on-line at: <http://www.usdotnumberregistration.com/> this is a required number.
- C) This is your Federal Employer Identification Number or your Social Security Number if you are an individual and not a company.

2) Applicant Information

- A) Name as it appears on your FHWA registration.
- B) D/B/A (Doing Business As) Name that your operation operates under.
- C) Telephone number of your business where you can be reached if MCS has questions about your account.
- D) Fax number.

3) Principal Place of Business

- A) Street address (physical address) of your business location (PO Box not acceptable).

4) Mailing Address

- A) Mailing address if different than your physical address.

5) Type of Registration

- A) The registrant will indicate the type of registration being filed. A carrier receiving FHWA registration for the first time will be a “New Carrier Registration.”
- B) If the Carrier has previously registered in any of the eligible states the application form would indicate an “Annual Registration.”

6) Type of Motor Carrier

- A) Mark the box that describes your operation whether an Individual, Partnership or a Corporation. This must not contradict the name of the carrier as indicated on the top of the registration form.
- B) List the State where you are Incorporated.
- C) List the names of all of the partners or officers of the corporation.

7) FHWA Registered Authority

- A) Mark permanent certificate of authority. All other correspondence only gives you your FHWA registration number to use until you receive your permanent certificate.

8) Type of Motor Carrier Operation (Mark the one that describes your operation.)

- A) Transporter of PROPERTY: Carriers using vehicles with a gross vehicle weight rating of 10,000 pounds or more.
B) Transporter of PROPERTY: Carriers using **ONLY** freight vehicles with a gross vehicle weight rating of **LESS THAN** 10,000.
C) Transporter of PASSENGERS: Carriers using buses with a seating capacity of 16 passengers or more.
D) Transporter of PASSENGERS: Carriers using buses with seating capacity of 15 passengers or less.

9) FHWA Certificate or Permit (Mark the one that best describes your application.)

- A) FHWA registration attached for new registration.
B) FHWA registration attached for additional authority received.
C) No change from prior year registration.

10) Proof of Public Liability Security (Mark the appropriate box)

- A) A BMC 91, BMC 91X or BMC 91MX proof of insurance form will be filed with MCS.
B) A BMC 91, BMC 91X or BMC 91MX proof of insurance form has been filed with MCS.
C) The carrier has an approved self-insurance plan or other security in full force and the carrier is in compliance with the conditions imposed by the FHWA order. A copy of the FHWA insurance order is attached or has previously been filed with MCS.

11) Hazardous Materials

- A) Mark this box if you will not be hauling any hazardous materials of any kind.
B) Mark this box if you will be hauling hazardous materials requiring \$1 Million in public liability insurance.
C) Mark this box if you will be hauling hazardous materials requiring \$5 million in public liability insurance.

12) Process Agent

(Contact either Process agent Service Co. (800)335-8840 or Truck Prorate Agent (800)999-0990.)

- A) Mark the first box if this is a new application and the BOC-3 is attached.
B) Mark this box if a new BOC-3 is attached with changes of designation of process agent.
C) Mark this box if you have had no change in your process agent this year.

13) Certification

- A) Signature of applicant or an officer of the Corporation authorized to execute and file this document.

PROOF OF INSURANCE

- A. The motor carrier will file and maintain with MCS, proof of public liability insurance. The only acceptable forms are a BMC 91, BMC 91X or BMC 91MX. No other notices or filings will be required of a motor carrier.

- B. Proof of public liability must be filed by an insurance company that is authorized to do business in any state and is eligible as an excess or surplus lines insurer in any state in which business is written.
- C. MCS will require all motor carriers to show a minimum coverage of \$750,000, unless the motor carrier indicates in writing that all equipment operated has a gross vehicle weight rating of 10,000 pounds or less.
- D. When proof of insurance is provided by more than one insurer, a BMC 91, BMC 91X or BMC 91MX is required of each insurer.
- E. An interstate motor carrier that has received approval to be self-insured with the FHWA shall file with MCS a copy of the FHWA order approving the self-insurance plan. If the motor carrier is transporting hazardous materials, the amount of coverage indicated on the proof of insurance filed with MCS must be the same as the amount of coverage stated on the uniform application form. If the amount stated on the insurance forms does not agree with the level of coverage indicated on the application form, the application shall be deemed to be incomplete.
- F. A faxed BMC 91, BMC 91X or BMC 91MX required in these procedures will be accepted by MCS as compliance of filing proof of insurance.
- G. At no time will a "Certificate of Insurance" from an insurance agent be accepted by MCS in place of a BMC 91, BMC 91X or BMC 91MX.
- H. Insurance company forms E, H, K and cargo insurance are not acceptable. Montana requires a BMC 91, BMC 91X or BMC 91MX form as proof of insurance.

REGISTRATION

- A. The applicant will use the form RS-2 Calculation Of Amount Due Each State to register the vehicles that will travel in each state and calculate the amount of fees due.
- B. Renewals are done the first of August through the thirtieth day of November. The registrant will file an application for renewal, pay fees and request the registration receipt for the next registration period from MCS. The form RS-3 Registration Receipt will not be valid until January 1 of the year indicated on the face of the receipt.
- C. When an applicant files a proper application with MCS on or before the 30th of November for the next annual registration period, MCS will issue a form RS-3 Registration Receipt within thirty (30) days. Any registration that contains any misrepresentation, misstatement, or omission of required information will be deemed to be incomplete until all items have been clarified and/or corrected. MCS is not obligated to process an incomplete application within any time frame.
- D. MCS will issue an original form RS-3 Registration Receipt to the motor carrier upon receipt of a properly completed registration application and payment of fees. The motor carrier must retain this original receipt for a period of three years. The motor carrier will make the necessary copies for the number of vehicles for which fees have been paid.
- E. The Registration Receipt will not be altered by the motor carrier in any way. Altering of the receipt will subject the motor carrier's registration to revocation. Any enforcement officer is authorized to confiscate the altered copy on sight.

- F. The registration receipt will qualify the registrant to operate under its FHWA certificate in all jurisdictions indicated on the Registration Receipt without any further SSRS requirements.
- G. The motor carrier will submit the appropriate amount of fees for each motor vehicle based on the number of motor vehicles by states of travel. Motor vehicles will be authorized to travel only in those states in which the motor carrier has paid the appropriate fees. Some states are not part of the SSRS and the carrier will have to contact those states directly (see contacts in back of this manual).
- H. A registrant in good standing (good standing means that proper insurance form, fee's are paid, designation of agent for service of process, copies of FHWA authority are on file, and the motor carrier has not changed its name and/or address) may add equipment and/or states of travel by payment of fee and the filing of a supplemental application with MCS.

When a supplemental registration form is received for additional states of travel, a new Registration Receipt will be issued.

- I. A motor carrier may transfer its Registration Receipts or copies of the receipt from vehicles taken out-of-service to their replacement vehicles. The Registration Receipt must be removed from the deleted vehicle and transferred to the replacement vehicle. The motor carrier may not operate more motor vehicles in a participating state than the number shown on their Registration Receipt.

If a motor carrier needs to add states of travel to its operating fleet in one or more of the participating states, the motor carrier may request transmission of a copy of a Registration Receipt before the receipt is mailed to the registrant. Upon payment of the appropriate fees, a copy of the receipt will be sent via facsimile. MCS will mail the original receipt to the motor carrier.

All Registration Receipts will expire on the 31st day of December of the registration year for which they were issued.

CHANGE OF NAME, ADDRESS AND/OR OWNERSHIP OF REGISTRANT

- A. If the registrant changes its name (not change of ownership for example a d/b/a is added, a d/b/a is changed or a sole proprietor or partners incorporates and are the stockholders of the new corporation) after the registration receipt has been issued, the registrant will submit to MCS a copy of the re-entitlement issued by the FHWA. MCS will require proof of insurance to be resubmitted in the new name before issuing a replacement registration receipt. Carriers will replace their old Registration Receipt with the new copy. The carriers will destroy the old copies.
- B. If the carrier changes its business address, MCS will require filing a copy of the re-entitlement. If the business address change involves a street, route, box number or city only, the registrant will notify MCS in writing of that change. When the business address of the registrant has been changed, new proof of insurance must be filed with MCS accordingly.
- C. When the motor carriers operation is transferred to new owners, the current registrant (old owners) must notify MCS to cancel its registration. New owners will be required to register with FHWA and MCS like all new registrants. The registration receipts of the old owners will not be reissued in the name of the new owners.

**MONTANA DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES DIVISION**

2701 Prospect Ave., P.O. Box 4639
Helena, MT 59604-4639
Telephone: (406) 444-2998 Fax: (406) 444-0800

**UNIFORM APPLICATIONS FOR SINGLE-STATE REGISTRATION
FOR MOTOR CARRIERS OPERATING UNDER AUTHORITY
ISSUED BY THE FEDERAL HIGHWAY ADMINISTRATION**

MOTOR CARRIER IDENTIFICATION NUMBERS:

FHWA MC No(s). _____
US DOT No. _____
FEIN No. _____

APPLICANT (Identical to name on FHWA registration.):

NAME: _____
D/B/A: _____
Telephone No.: _____
Fax No.: _____

PRINCIPAL PLACE OF BUSINESS ADDRESS:

Street _____
City _____ State _____ Zip _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE:

Street _____
City _____ State _____ Zip _____

TYPE OF REGISTRATION:

- ☐ New Carrier Registration – The motor carrier has not previously registered.
☐ Annual Registration – The motor carrier is renewing its annual registration.
☐ Supplemental Registration – The motor carrier is adding additional vehicles or states of travel after its annual registration.
☐ New Registration State Selection – The motor carrier has changed its principal place of business, or its prior registration state has left the registration program. The prior registration state was _____

TYPE OF MOTOR CARRIER: (Check One)

☐ Individual ☐ Partnership ☐ Corporation

If corporation, give state in which incorporated: _____

List names of partners or officers:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

TYPE OF FHWA REGISTERED AUTHORITY:

- ☐ Permanent Certificate of Permit

TYPE OF MOTOR CARRIER OPERATION: (Check One)

- ☐ Transporter of PROPERTY – Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
- ☐ Transporter of PROPERTY – Using only freight vehicles with a gross vehicle weight rating of less than 10,000.
- ☐ Transporter of PASSENGERS – Using vehicles with a seating capacity of 16 passengers or more.
- ☐ Transporter of PASSENGERS – Using only vehicles with a seating capacity of 15 passengers or less.

FHWA CERTIFICATE(S) OR PERMIT(S):

- ☐ FHWA Authority Order(s) attached for first year registration.
- ☐ FHWA Authority Order(s) attached for additional authority received.
- ☐ No change from prior year registration.

PROOF OF PUBLIC LIABILITY SECURITY:

- ☐ The applicant or its insurance company has filed a copy of its proof of public liability security with the Registration State and the insurance coverage, as stated on the form, remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FHWA order. A copy of the FHWA insurance order is attached or has previously been filed with the Registration State.

HAZARDOUS MATERIALS: (Check One)

- ☐ The applicant will NOT haul hazardous materials in any quantity.
- ☐ The applicant will haul hazardous materials requiring \$1 Million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR § 1043.2.
- ☐ The applicant will haul hazardous materials requiring \$5 Million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR § 1043.2.

PROCESS AGENT:

- ☐ FHWA Form No. BOC-3 or blanket designation attached for new registration.
- ☐ FHWA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agent.
- ☐ No change from prior year registration.

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct, and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the Registration State.)

Name (Printed) _____ Date _____

Signature _____ Title _____

MONTANA / BRITISH COLUMBIA / SASKATCHEWAN & WYOMING
SSRS FEE SCHEDULE FOR REG. ROUTE BUS CARRIERS ONLY
FORM RS-2

NAME: _____ ICCS #: _____
 DOT #: _____ FED ID #: _____ FUEL #: _____

STATE	# OF UNITS	FEE PER UNIT	TOTAL FEES	STATES	# OF UNITS	FEE PER UNIT	TOTAL FEES
AL – ALABAMA		6.00		MT – MONTANA		5.00	
AR – ARKANSAS		5.00		NC – NORTH CAROLINA		1.00	
CA – CALIFORNIA		5.00		ND – NORTH DAKOTA		10.00	
CO – COLORADO		5.00		NE – NEBRASKA		0.00	
CT – CONNECTICUT		0.00		NH – NEW HAMPSHIRE		10.00	
GA – GEORGIA		5.00		NM – NEW MEXICO		10.00	
IA - IOWA		1.00		NY – NEW YORK		10.00	
ID – IDAHO		2.00		OH – OHIO		0.00	
IL – ILLINOIS		7.00		OK – OKLAHOMA		7.00	
IN – INDIANA		10.00		RI – RHODE ISLAND		8.00	
KS – KANSAS		10.00		SC – SOUTH CAROLINA		5.00	
KY – KENTUCKY		10.00		SD – SOUTH DAKOTA		5.00	
LA – LOUISIANA		10.00		TN – TENNESSEE		8.00	
MA – MASSACHUSETTS		0.00		TX – TEXAS		10.00	
ME – MAINE		8.00		UT – UTAH		6.00	
MI – MICHIGAN		0.00		VA – VIRGINIA		3.00	
MN – MINNESOTA		5.45		WA – WASHINGTON		0.00	
MO – MISSOURI		10.00		WI – WISCONSIN		5.00	
MS - MISSISSIPPI		10.00		WV – WEST VIRGINIA		3.00	

TOTAL OF ALL STATES FEES:

Make Checks Payable To: State of Montana
 Montana Department of Transportation – PO Box 4639 – Helena, MT 59604-4639

Signature _____ Date _____ Fax No. _____

MT, BC, SASK & WY REG. ROUTE BUS CARRIER

MONTANA SSRS FEE SCHEDULE FOR CHARTER BUS CARRIERS ONLY
FORM RS-2

NAME: _____ ICCS #: _____

DOT #: _____ FED ID #: _____ FUEL #: _____

STATE	# OF UNITS	FEE PER UNIT	TOTAL FEES	STATES	# OF UNITS	FEE PER UNIT	TOTAL FEES
AL – ALABAMA		6.00		MT – MONTANA		5.00	
AR – ARKANSAS		5.00		NC – NORTH CAROLINA		1.00	
CA – CALIFORNIA		5.00		ND – NORTH DAKOTA		10.00	
CO – COLORADO		5.00		NE – NEBRASKA		0.00	
CT – CONNECTICUT		0.00		NH – NEW HAMPSHIRE		10.00	
GA – GEORGIA		5.00		NM – NEW MEXICO		10.00	
IA - IOWA		1.00		NY – NEW YORK		10.00	
ID – IDAHO		2.00		OH – OHIO		0.00	
IL – ILLINOIS		7.00		OK – OKLAHOMA		7.00	
IN – INDIANA		10.00		RI – RHODE ISLAND		8.00	
KS – KANSAS		10.00		SC – SOUTH CAROLINA		5.00	
KY – KENTUCKY		10.00		SD – SOUTH DAKOTA		5.00	
LA – LOUISIANA		0.00		TN – TENNESSEE		8.00	
MA – MASSACHUSETTS		0.00		TX – TEXAS		10.00	
ME – MAINE		8.00		UT – UTAH		6.00	
MI – MICHIGAN		0.00		VA – VIRGINIA		3.00	
MN – MINNESOTA		5.45		WA – WASHINGTON		10.00	
MO – MISSOURI		10.00		WI – WISCONSIN		0.00	
MS - MISSISSIPPI		10.00		WV – WEST VIRGINIA		3.00	

TOTAL OF ALL STATES FEES:

Make Checks Payable To: State of Montana
Montana Department of Transportation – PO Box 4639 – Helena, MT 59604-4639

Signature _____ Date _____ Fax No. _____

MONTANA CHARTER BUS CARRIER

MONTANA & BC SSRS FEE SCHEDULE FOR PROPERTY CARRIERS ONLY
FORM RS-2

NAME: _____ ICCS #: _____

DOT #: _____ FED ID #: _____ FUEL #: _____

STATE	# OF UNITS	FEE PER UNIT	TOTAL FEES	STATES	# OF UNITS	FEE PER UNIT	TOTAL FEES
AL – ALABAMA		6.00		MT – MONTANA		5.00	
AR – ARKANSAS		5.00		NC – NORTH CAROLINA		1.00	
CA – CALIFORNIA		5.00		ND – NORTH DAKOTA		10.00	
CO – COLORADO		5.00		NE – NEBRASKA		3.50	
CT – CONNECTICUT		10.00		NH – NEW HAMPSHIRE		10.00	
GA – GEORGIA		5.00		NM – NEW MEXICO		10.00	
IA - IOWA		1.00		NY – NEW YORK		10.00	
ID – IDAHO		2.00		OH – OHIO		5.00	
IL – ILLINOIS		7.00		OK – OKLAHOMA		7.00	
IN – INDIANA		10.00		RI – RHODE ISLAND		8.00	
KS – KANSAS		10.00		SC – SOUTH CAROLINA		5.00	
KY – KENTUCKY		10.00		SD – SOUTH DAKOTA		5.00	
LA – LOUISIANA		10.00		TN – TENNESSEE		8.00	
MA – MASSACHUSETTS		10.00		TX – TEXAS		10.00	
ME – MAINE		8.00		UT – UTAH		6.00	
MI – MICHIGAN		10.00		VA – VIRGINIA		10.00	
MN – MINNESOTA		5.45		WA – WASHINGTON		10.00	
MO – MISSOURI		10.00		WI – WISCONSIN		5.00	
MS - MISSISSIPPI		10.00		WV – WEST VIRGINIA		3.00	

TOTAL OF ALL STATES FEES:

Make Checks Payable To: State of Montana
Montana Department of Transportation – PO Box 4639 – Helena, MT 59604-4639

Signature _____ Date _____ Fax No. _____

BC & MT PROPERTY CARRIER



MONTANA DEPARTMENT
OF TRANSPORTATION

MARCRACICOT, GOVERNOR

MOTOR CARRIER SERVICES DIVISION

2701 Prospect Avenue
P.O. Box 4639
Helena, MT 59604-4639

(406) 444-6130
Fax: (406) 444-7670

REGISTRATION RECEIPT

MT Dept. of Trans - MCS Div.
2701 Prospect Avenue
Helena, MT 59620-4639
(406) 444-6131

Effective:10/26/99 Expires:12/31/00
Receipt No: 9902256

In accordance with Public Law 102-240,
this receipt (evidencing registration
of ICC authority) must be carried in
the cab of the vehicle and may not be
altered. Alteration will result in
confiscation and penalties.

This receipt authorizes this Motor
Carrier to operate in the following
states:

***AL(4)AR(4)CA(5)CO(5)CT(2)
GA(4)IA(4)ID(5)IL(4)IN(4)KS(4)
KY(4)LA(4)MA(4)ME(4)MT(4)
MO(4)MS(4)MT(6)NC(4)NE(4)
NH(2)NM(4)NY(4)OH(4)OR(4)RI(2)
SC(4)TN(4)TX(4)VA(4)
WV(4)WI(4)WY(4)***

ICC Nbr: 219597
LYLE GROVER INC

P O BOX 1387

LETHBRIDGE, AB
T1J 4K1
CANADA

FORM RS-3

MAIL TO:
LYLE GROVER INC
P O BOX 1387
LETHBRIDGE, AB
T1J 4K1
CANADA

SSRS DEFINITIONS

APPLICANT:

A person in whose name the uniform application is filed with a registration state for the purpose of complying with the standards under Public Law 102-240.

AUDIT:

A review of records and source documents supporting fee payments.

CANCELLATION OF REGISTRATION:

The annulment of a registration by the registrant.

STATE COMMISSION:

The state agency designated to be responsible for administration of these standards.

THE COMMISSION:

The Federal Highway Administration.

DRIVEAWAY OPERATION:

An operation in which any vehicle or vehicles, operated singly or in lawful combinations, new or used, not owned by the transporting motor carrier, constitute the commodity being transported.

ELIGIBLE STATE:

The jurisdiction that as of January 1, 1991 charged or collected a fee for a vehicle identification stamp or number in accordance with Part 1023, Title 49, Code of Federal Regulations.

JURISDICTION:

A State of the United States, District of Columbia, Province or Territory of Canada or The Republic of Mexico.

MOTOR CARRIER AND CARRIER:

A person authorized to engage in the transportation of passengers or property, as a common or contract carrier, in interstate or foreign commerce.

MOTOR VEHICLE:

A self propelled or motor driven vehicle operated by a motor carrier in interstate or foreign commerce under authority issued by the commission.

PERSON:

An individual, corporation, partnership, association trust or other legal entity.

PRINCIPAL PLACE OF BUSINESS:

A single location that serves as the motor carrier's headquarters and where it maintains or can make available its operational records.

PROOF OF INSURANCE:

Evidence that the motor carrier is insured to the extent required by federal law. Montana requires a **BMC 91, BMC 91X or BMC 91MX** as the form that is required for proof of insurance.

REGISTRATION STATE:

The jurisdiction where the registrant maintains its principal place of business. If the applicants principal place of business is located in a jurisdiction that is not a participating state, the applicant shall apply for registration in the state in which the applicant will operate the largest number of motor vehicles during the next registration year. If the motor carrier will operate in more than one state the applicant will choose which participating state will be the carriers Registration State. Once the registration state jurisdiction is determined, this designation shall be effective until the registrant changes its principal place of business.

REINSTATEMENT:

Restore the privileges granted to the registrant by the registration state.

REGISTRATION PERIOD:

A period of time from August 1 through November 30 of the year preceding the registration year.

REGISTRATION RECEIPT (RS-3):

A receipt issued to the motor carrier that indicates that the required proof of insurance has been filed and fees have been paid. A copy of this receipt must be maintained in the cab of each motor vehicle for inspection.

REGISTRATION YEAR:

A period of time from January 1 through December 31.

REGISTRANT:

A person who holds a valid registration issued by a registrant state.

REVOCATION:

Withdrawal of registration and privileges by a registration state.

STATE:

A state of the United States or the District of Columbia.

SUSPENSION:

Temporary removal of privileges granted to the registrant by a registration state.

MONTANA AGENCIES

IRP Licensing	Montana Department of Transportation Motor Carrier Services Division P.O. Box 4639 Helena, MT 59604-4639 Tel: (406) 444-2998
SSRS	Montana Department of Transportation Motor Carrier Services Division P.O. Box 4639 Helena, MT 59604-4639 Tel: (406) 444-2998
Fuel Licensing (IFTA/SU/LPG)	Montana Department of Transportation Motor Carrier Services Division P.O. Box 4639 Helena, MT 59604-4639 Tel: (406) 444-2998
Fuel Tax Reporting	Montana Department of Transportation Accounting Division - Collection Section P.O. Box 5895 Helena, MT 59604-5895 Tel: (406) 444-3832
Permits	Montana Department of Transportation Motor Carrier Services Division P.O. Box 4639 Helena, MT 59604-4639 Tel: (406) 444-7262
Federal Use Tax	Internal Revenue Service P.O. Box 105421 Atlanta GA 30348-5421 Tel: 1-800-829-1040
Motor Vehicle Truck Inspections and MVI Numbers	Highway Patrol P.O. Box 201419 Helena, MT 59620-1419 Tel: (406) 444-3300
USDOT Numbers	Federal Highway Administration Office of Motor Carrier Information Management & Analysis, HIA-10 400 Seventh Street, SW Washington, DC 20590 Tel: (406) 449-5304 or on-line at: http://www.usdotnumberregistration.com/

SSRS COMMUNICATION LIST

ALABAMA

Alabama Public Service Commission
100 North Union
P.O. Box 991
Montgomery, AL 36101-0991
Tel: 334-242-5176

ARKANSAS

Arkansas Highway & Transportation Department
P.O. Box 8051
Little Rock, AR 72203-8051
Tel: (501) 569-2358

CALIFORNIA

California Department of Motor Vehicles
Single State Registration
P.O. Box 932370/Mail Station –G875
Sacramento, CA 94232-3700
Tel: (916) 657-7783

COLORADO

Colorado Public Utilities Commission
1580 Logan Street, Office Level 2
Denver, CO 80203
Tel: (303) 894-2000

CONNECTICUT

Connecticut Department of Motor Vehicles
SSRS/IRP Sections
60 State Street, Room 104
Wethersfield, CT 06161-1015
Tel: (860) 263-5281

GEORGIA

Georgia Public Service Commission
1007 Virginia Avenue, Suite 310
Hapeville, GA 30354
Tel: (404) 559-6602

IDAHO

Idaho Transportation Department
P.O. Box 7129
Boise, ID 83707-7129
Tel: (208) 334-8611

ILLINOIS

Illinois Commerce Commission
P.O. Box 19280
Springfield, IL 62794-9280
Tel: (217) 782-4657

INDIANA

Indiana Department of Revenue
Motor Carriers Division
SSRS Section
5252 Decatur Boulevard, Suite R
Indianapolis, IN 46241-9524
Tel: (317) 615-7350

IOWA

Iowa Department of Transportation
Motor Carrier Services
P.O. Box 10382
Des Moines, IA 5030-0382
Tel: (515) 237-3270

KANSAS

Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, KS 66604-4029
Tel: (785) 271-3185

KENTUCKY

Kentucky Transportation Cabinet
Division of Motor Carriers
P.O. Box 2007
Frankfort, KY 40602-2007
Tel: (502) 564-4540

LOUISIANA

Louisiana Public Service Commission
P.O. Box 91154
Baton Rouge, LA 70804-9154
Tel: (225) 342-1432

MAINE

Maine Bureau of Motor Vehicles
Commercial Vehicle Center
29 State Street
Augusta, ME 04333-4511
Tel: (207) 287-8601

MASSACHUSETTS

Massachusetts Department of Public Utilities
100 Cambridge Street, Room 1203
Boston, MA 02202-0027
Tel: (617) 305-3787

MICHIGAN

Michigan Public Service Commission
6545 Mercantile Way, Suite 1
Lansing, MI 48911-5984
Tel: (517) 241-6043

SSRS COMMUNICATION LIST

MINNESOTA

Minnesota Department of Transportation
Motor Carrier Services
1110 Centre Pointe Curve, MS 420
Mendota Heights, MN 55120-4152
Tel: (651) 405-6060

MISSISSIPPI

Mississippi Public Service Commission
Walter Sillers State Office Building
P.O. Box 1174
Jackson, MS 39215-1174
Tel: (601) 961-5439

MISSOURI

Missouri Department of Transportation
Motor Carrier Services Unit
P. O. Box 1216
Jefferson City, MO 65102-1216
Toll-Free 1-866-831-6277
Fax 1-573-522-6708

MONTANA

Montana Department of Transportation
Motor Carrier Services Division
P.O. Box 4639
Helena, MT 59604-4639
Tel: (406) 444-2998

NEBRASKA

Dept. of Motor Vehicles
Motor Carrier Services Division
P.O. Box 98935
Lincoln, NE 68509-8935
Tel: (888) 622-1222

NEW HAMPSHIRE

New Hampshire Department of Safety
Bureau of Common Carriers
10 Hazen Drive
Concord, NH 03305-0002
Tel: (603) 271-2447

NEW MEXICO

Commercial Vehicle Bureau
Motor Vehicle Division
P.O. Box 1028
Santa Fe, NM 87504-1028
Tel: (505) 827-0392

NEW YORK

New York State Department of Transportation
Building 7A, Room 402
Albany, NY 12232-0879
Tel: (518) 457-1017

NORTH CAROLINA

North Carolina Regulatory Unit
1425 Rock Quarry Road, Suite 100
Raleigh, NC 27610-4100
Tel: (919) 733-7458

NORTH DAKOTA

North Dakota Dept. of Transportation
Motor Vehicle Division – SSRS Section
608 East Boulevard Avenue
Bismarck, ND 58505-0780
Tel: (701) 328-2725

OHIO

Public Utilities Commission of Ohio
180 East Broad Street
Columbus, OH 43215-3793
Tel: (614) 466-3392

OKLAHOMA

Oklahoma Corporation Commission
P.O. Box 52000-2000
Oklahoma City, OK 73115-2000
Tel: (405) 521-2251

RHODE ISLAND

Rhode Island Public Utilities Commission
100 Orange Street
Providence, RI 02903-2803
Tel: (401) 222-3500

SOUTH CAROLINA

South Carolina Department of Public Safety
P.O. Box 1498
Columbia, SC 29216-0060
Tel: (803) 737-6308

SOUTH DAKOTA

South Dakota Public Utilities Commission
Prorate Licensing
444 East Capital Avenue
Pierre, SD 57501-3185
Tel: (605) 773-5275

TENNESSEE

Tennessee Department of Safety
Motor Carrier Authority Section
1150 Foster Avenue
Nashville, TN 37249-1000
Tel: (615) 253-2293

SSRS COMMUNICATION LIST

TEXAS

Texas Department of Transportation
P.O. Box 5020
Austin, TX 78763-5020
Tel: (512) 465-4686

UTAH

Utah Department of Transportation
Ports of Entry Section
P.O. Box 141210
Salt Lake City, UT 84119-1210
Tel: (801) 965-4508

VIRGINIA

Department of Motor Vehicles
Motor Carrier Services
P.O. Box 27412
Richmond, VA 23269-7412
Tel: (804) 367-6575

WASHINGTON

Washington Utilities and Transportation
Commission
P.O. Box 47250
Olympia, WA 98504-7250
Tel: (800) 664-1160

WEST VIRGINIA

West Virginia Public Service Commission
201 Brooks Street
P.O. Box 812
Charleston, WV 25323-0812
Tel: (304) 340-0417

WISCONSIN

Wisconsin Department of Transportation
Motor Carriers
P.O. Box 7981
Madison, WI 53707-7981
Tel: (608) 267-4541

Y:MANUALS:SSRS:AUG_04

The Department of Transportation attempts to provide reasonable accommodations for any known disability that may interfere with a person from participating in any service, program, or activity of the Department. Alternative accessible formats of this document will be provided upon request. For further information call (406)444-2998 – voice, or (406)444-7696 – TDD.

1,000 copies of this document, which will be distributed within the Department of Transportation and upon request to other organizations or individuals were published at a cost of \$.60 per copy which includes \$595.30 for printing and \$0.00 for distribution.